

APPLICATION – SCHOOL NURSE

East Hampton Public Schools
94 Main Street
East Hampton, CT 06424
(860) 365-4000

Date	Name (Last, First, Middle)	
Street Address		Social Security Number / /
City, State, Zip Code		Telephone Number ()

COLLEGE AND/OR NURSING SCHOOL ATTENDED				
School/Location	Dates	Degree	Major	Minor
	From: To:			
	From: To:			
	From: To:			

POST GRADUATE				
School/Location	Dates	Degree	Major	Minor
	From: To:			
	From: To:			

NURSING EXPERIENCE			
Company Name	Location	Dates	Reason for Leaving

TYPE OF CERTIFICATE HELD OR TYPE OF CERTIFICATE YOU ARE ELIGIBLE FOR:			
Expiration Date:		State Agency or Department Endorsement:	

REFERENCES (at least two must be professional)		
Name	Address	Telephone Number

Please attach a copy of your certification to this application.

- If yes, please identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach it to this application.

- If yes, please identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this application.

- If yes, please identify the jurisdiction in which such program is pending and an explanation of the nature of such program on a separate sheet of paper and attach it to this application.

I understand that, if I am employed by the East Hampton Board of Education, I will be required to submit to a state and national criminal history records check for a period of 90 days from my date of employment, and that I will be required to submit to fingerprinting, at my expense, for the purpose of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the East Hampton Board of Education, the Board may immediately dismiss me in accordance with the provisions of **Public Act No. 93-328.**

I hereby authorize any and all law enforcement agencies, current and former employers, and academic institutions to supply any information regarding my background to the East Hampton Public School System and to its agents and employees, and I hereby release all such law enforcement agencies, current and former employers and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

I declare under the penalties of false statement that I have examined this questionnaire and related employment application and, to the best of my knowledge and belief, the information contained herein is true, complete and correct.

Date _____

It is the policy of the East Hampton Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation and past/present history of mental disorder, learning disability and physical disability.

Please return this application to: Superintendent of Schools
94 Main Street
East Hampton, CT 06424